

Unmet need for abortion and woman-centered contraceptive care



The world is in the midst of a major shift from large families to small. In the last 25 years, the average number of children born per woman has dropped by 1.2 in response to changing preferences.¹ The gap between the number of children women want and the number they have has narrowed substantially in most of the world outside of Africa. In developing countries, greater control over the timing and number of children has mostly been accomplished through increased use of contraception² rather than an increased reliance on abortion. As Gilda Sedgh and colleagues report in a major new analysis in *The Lancet*,³ abortion rates across the developing world have remained level (a non-significant 2 point decline [90% uncertainty interval (UI) -9 to 4] from 39 abortions per 1000 women [37 to 47] in 1990-94 to 37 [34 to 46] in 2010-14)—neither more prevalent in response to the desire for smaller families nor eclipsed by increased use of contraception. Only in developed countries, where more than 90% of women at risk of an unintended pregnancy use some method of contraception,² do Sedgh and colleagues show significant declines in abortion rates in the past 25 years (19 points decline [90% UI -26 to -14] from 46 abortions per 1000 women [90% UI 41 to 59] in 1990-94 to 27 [24 to 37] in 2010-14). In places with historically high rates of abortion, such as eastern Europe, women substituted contraceptive use for abortion as contraceptives became more widely available.⁴ A halving of the annual abortion rate in eastern Europe in the past 25 years has helped to bring the entire developed world's average down to a historic low.³

As the global trend toward greater control over childbearing and smaller desired family size continues, improvements and expansions of both contraception and abortion services will be needed. To identify areas with the greatest unmet need for contraception, demographers estimate numbers of women who do not want to become pregnant but who are not using a method of contraception. However, a forthcoming report from the Guttmacher Institute has shown that most of these women do not lack access to contraception but, rather, choose not to use it.⁵ Fewer

than one in ten women categorised as having unmet need report that they are not aware of or cannot access a method of contraception. In countries across the developing world, the most common reasons for not using a method of contraception are perceived low risk of pregnancy (often due to infrequent sex or post-partum and lactational infecundity), a personal opposition to using contraception, and concerns about the health effects or side-effects of contraceptive use. For many women, the possibility of pregnancy seems remote, whereas the physical experience of using a contraceptive is immediate, tangible, and objectionable. For women who view themselves as being at low risk of pregnancy, use of early medical abortion for a rare unwanted pregnancy might be preferable to daily contraceptive use. Addressing the needs of the significant fraction of women (23% of those with unmet need) who report personal or family opposition to using contraception and of those who feel that the side-effects of use outweigh the benefits (26% of those with unmet need)⁵ requires thoughtful consideration of their concerns. A one-size-fits-all technological solution and a culture of family planning service delivery whose main aim is to maximise the number of users, is unlikely to adequately address the personal, sexual, physical, and cultural aspects of contraceptive use. That health concerns and dislike of contraceptive side-effects are so common across countries indicates a need for development of new methods of contraception and a woman-centered approach to contraceptive provision.

The latest estimates from Sedgh and colleagues³ of abortion incidence show similar abortion rates independent of the legal status of abortion: 37 abortions per 1000 women aged 15-44 years where abortion is illegal under all circumstances, and 34 per 1000 where it is legally available upon request. The obvious interpretation is that criminalising abortion does not prevent it but, rather, drives women to seek illegal services or methods. But this simple story overlooks the many women who, in the absence of safe legal services, carry unwanted pregnancies to term—about half the women denied legal abortions in small studies in Tunisia,⁶ South Africa,⁷ and Nepal.⁸ The similarity of abortion rates across legal



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settings for abortion does not reflect a one-for-one exchange of illegal abortion for legal abortion. Women who live in countries where abortion is illegal often have little access to the whole range of family planning services, including contraceptive supplies, counselling, information, and safe abortion. As a consequence of increased rates of unintended pregnancy and unsafe abortion, such women face an increased risk of maternal mortality^{9,10} and bear children that they are not ready to care for and often cannot afford.

Measuring abortion incidence is difficult—abortion is illegal in many countries and even where it is legal, stigma around sex, pregnancy, and abortion strongly reduces reporting. In the USA, where abortion is legal although increasingly difficult to access, reported rates of abortion in national surveys are half that indicated by data from abortion providers.¹¹ These new estimates of abortion incidence are very welcomed and give a sense of the magnitude of uncertainty around these estimates. New estimates might enable researchers to assess the consequences of reproductive health policies such as investments into family planning programmes, liberalisation of abortion law, availability of safe methods of self-induction with medical abortion, development of new methods of contraception, and new approaches to empowering women to achieve reproductive control.

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